## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fec(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450 (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  466 7590 12/15/2009  YOUNG & THOMPSON 209 Madison Street Suite 500 Alexandria, VA 22314				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				79700000000000000000000000000000000000		(Signature)
ACCUPATION OF THE PROPERTY OF	COLOR	теления на приняти по приняти на п		***		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/560,429 TITLE OF INVENTION: 1 FOR IMPLEMENTING TH	03/13/2006 TRACEABLE METHO E METHOD	DD AND SYSTEM FO	David Arditti Modiano R ENCRYPTING AND/		0600-1192 DATA, AND RECORDING	8849 G MEDIA
APPLN, TYPE	SMALL ENTTLY	ISSUE PEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/15/2010
EXAMINE	R	ART UNIT	CLASS-SUBCLASS	***		
DINA, MINH		2432	380-202000	mone <sup>3</sup>		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
(A) NAME OF ASSIGNE France Telec	an assignee is identifi 37 CFR 3.11. Comple 3E.	ed below, no assignee stion of this form is NO	data will appear on the programmer of the substitute for filing and (B) RESIDENCE: (CIT Paris, Fra	patent. If an assign assignment. Y and STATE OR C		
Please check the appropriate	assignee category or co	ategories (will not be pr	inted on the patent);	Individual 🖏 Co	rporation or other private gro	oup entity Government
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			<ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).</li> </ul>			
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.				(if necessary) no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).		
NOTE: The Issue Fee and Puinterest as shown by the recor	blication Fee (if requir	ed) will not be accorder	from among ather than	ger claiming SMAL. he applicant; a regis	LENTITY status. See 37 CF tered attorney or agent; or th	FR 1.27(g)(2).  e assignee or other party in
Authorized Signature	M	MM	-	Date Febr	uary 24, 2010	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Typed or printed name Robert J. Patch			Registration No. 17,355			
This collection of information an application. Confidentiality submitting the completed app his form and/or suggestions t Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14	y is governed by 35 or dication form to the U for reducing this burde sia 22313-1450. DO N 450.	SPTO. Time will vary n, should be sent to the OT SEND FEES OR C	t. 14. This concerning is est depending upon the indix Chief Information Office OMPLETED FORMS TO	imated to take 12 m idual case. Any con er, U.S. Patent and T ITHIS ADDRESS.	nutes to complete, including naments on the amount of time	g gathering, preparing, and to you require to complete riment of Commerce, P.O. or Patents, P.O. Box 1450,